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\*\* CONTINUING DATA \*\*\*\*\* *NA*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *NA*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>CSJ</i> <i>SJS</i> Examiner's Signature Initials	CA	0	6	1

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## TITLE

Oral composition

All Fees  
 1.16 Fees ( Filing )